Invisible identities: lesbian, gay, bisexual and transgender people in health care

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A note on terminology

- Lesbian, gay, bisexual and transgender (LGBT) most often used in Western health sciences discourse
- ‘MSM’ and ‘WSW’ are common public health terms
- LGBT and MSM/WSW come with their own geographical and historical connotations, are exclusionary and often do not reflect postcolonial identities
- Strategic decision to use LGBT (I?) terminology with health sciences colleagues and health care providers

Health care is not delivered in a bubble

- Legislative protection but high societal homophobia
- "Un-African" debate
- Hate speech court cases (ie. Jon Qwelane)
- Opposition on grounds of 'religion' and 'tradition'
- High levels of violence against gender non-conforming people

LGBT identities in health care

- No education on sexual and gender minority health at SA medical schools
- 'MSM' and 'WSW': Pervasive public health discourse that reduces the social, emotional and psychological identities of LGBT people to sexual practices (Young & Meyer 2005)
- Emerging research documents homophobic discrimination in health facilities (Stevens 2012, Lane 2011)

The on-going main study

- Investigates the barriers that LGBT people face when accessing public health facilities
- Aims to identify the intersecting barriers linked to sexual orientation, gender identity, race and class
- On-going qualitative study in 3 provinces (GT, WC, KZN)
- Interviews and focus group discussions with LGBT health service users and representatives of LGBT organisations
- GT and WC: 15 service user interviews, 2 focus group discussions and 14 organisational representatives

Beyond the public health analysis

- All interviews speak clearly to the way in which invisibility and exclusion shape the experiences of service users
- Therefore, an analysis of the dynamics of heteronormativity and homophobia provides additional insight
- Grounded theory approach
- Unpack the ways in which heteronormativity shapes the interactions of LGBT patients with the health system, and
- Examines strategies that LGBT patients use to access this homophobic system

Key emerging themes

- Invisibility of non-heteronormative identities
- Strategies to access health care

Invisibility

- Lack of knowledge about LGBT identities
  - *'The challenge that people face is […] having to explain who they are […] and go through very common myths and preconceptions[…] Which is difficult because you go there and you want to seek care, and instead […] you are explaining very basic things to them and you are thinking 'But why weren't you taught this in med school?'* (GT)

Invisibility

- No knowledge about LGBT-specific health needs
  - *'To them it's only the straight people that can get HIV [...] because straight people they are usually the ones that are sleeping with men'* (WC focus group)
- No LGBT health resources
  - *'You would not even find a small poster on the wall that says 'We give such and such treatment to the LGBT community' (GT focus group)*
  - *'There is no queer protection like the safety pack. I would love to see a dispenser at a clinic'* (WC focus group)

Invisible identities

- Historically, biomedical discourse justified homophobia (just as sexism, racism, ableism, etc.)
- Homosexuality a mental illness until 1973 (Am. Psychiatric Association)/ 1990 (WHO)
- 'Gender identity disorder' still classified as mental illness (WHO, ICD 10)
- Positivist knowledge production in health sciences does not acknowledge the social constructions of identity
- Most medical schools teach very little or nothing about health care for sexual and gender minorities (Obedin-Maliver 2011)

LGBT patients: disrupting heteronormativity

- Health care workers are confronted with LGBT identities in various ways:
  - Visibly non-heteronormative patients
  - Patients identified as LGBT by association (with partner/ friends)
  - Patients with specific health needs (ie. safer sex needs, mental health needs)
  - Patients whose LGBT identity is relevant in their medical history

Overt homophobia

- Denial of care
  - *[The nurse said] 'No, no, go somewhere else, this is not the place for you'* (GT)
- Ridicule and humiliation
  - *'The first day that I walked in they [the nurses] yelled at each other; they called us funny names and everybody was looking at us'* (GT focus group)
  - *'They say it's no good, they make [gay men] a laughing stock' (GT)*
- Victim blaming
  - *[The nurse] is like 'The reason why you [attempted suicide] is because you are having relationships with men and that is not right. So it's the evil spirit that is making you do all the things that you are doing' (GT)*

Overt homophobia

- Forced religious practices
  - *The psychologist read me some scriptures from the bible; and she told me 'you know what just pray'* (Respondent from GT)
- Sexual harassment
  - '*The first thing they think when they see me [being butch is that] I'm trying to be a man. […] Especially male doctors, when you come in sick […] they've told me on several occasions to take off my pants and they would stick their hands in my VJJ [vagina] like it was something that belonged [to them]. […] I have headaches on a daily basis, what does my VJJ got to do with it?* (Respondent from GT)

Curious homophobia

- Invasive/ inappropriate questions
  - *'If you are a gay person they'll start asking 'oh so you were busy taking it up the backside' and ask and you all sorts of questions that are very, very much unnecessary'* (GT focus group)
- Using LGBT patient as 'educational' opportunity
  - *'They questioned me. Fortunately they questioned the right the person; at the right time because I was able to open up to them about my sexual orientation, and they were very pleased because they told me it was the first time they had somebody who was, so able to tell them' (GT)*

Curious homophobia

- Unprofessional behaviour
- Exoticisation
- Based on homophobic or stereotypical assumptions
- Emphasises the heteropatriachal norm
- Comes from a position of power

LGBT patients' strategies

- How then, do LGBT patients navigate heteronormative and homophobic health care spaces?

- Conforming to a heteronormative identity
- Accepting the exoticised identity ascribed to them by health care workers
- Not seeking care anymore

Hide their LGBT identity

- *‘The straight looking ones because of their are under the radar I really think they don’t experience a lot of judgement’* (GT focus group)

- *‘I would never come out to a doctor or a nurse’ (WC focus group)*

Accept exoticisation

- *'They started asking my 'why are you Mr X instead of Miss X?' I told them 'I am Mr X' […] so then this guy came up to me and said 'why are you Mr X and wearing high heels?' Then I started telling them 'you know why I am I wearing high heels I'm Mr X but I'm sexually orientated' […]. So this lady asked me 'how is it possible that you could be a Mr in your form?' And I said 'yes I am, I am Mr X I'm just sexually orientated that's all'; […] 'So the doctor came to me and said do you enjoyed being Mr X and being dressed in female clothing? Then I said 'how can you ask me that question when I'm here [to get help….]. We laughed it off, after that it became a joke. I never experienced any difficulties after that' (GT)*

Stop seeking care

- *'We have to go to the clinic now eish they are gonna judge me; no I'm not gonna go.'* (GT focus group)

- *'People don't want to go get their ARV's because people are afraid that 'if I get my ARV's, I'm gay it's just gonna be like you are promiscuous you deserve it.'* (GT focus group)

- *'Many lesbians die quietly at home, because now they are scared to go back [to the clinic]. Because they went home without help, and they went home crying because people were making them a laughing stock'* (WC focus group)

In summary

- Not surprisingly, heteronormativity is pervasive in the health system
- LGBT people cannot seek health care without compromising their identity
- Heteronormativity reinforces itself
- Health professionals are the gatekeepers to care

Questions?

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